

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)

Docket Number (Optional)

FY 2005

PP01631.0101 (2300-1631-20)

(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)

Application Number 09/810,313

Filed July 5, 2000

For POLYNUCLEOTIDES ENCODING ANTIGENIC HIV TYPE C POLYPEPTIDE, POLYPEPTIDES AND USES THEREOF

Art Unit 1635

Examiner J. Angell

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

	<u>Fee</u>	<u>Small Entity Fee</u>	
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	\$ _____
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$460	\$230	\$ _____
<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1050	\$525	\$ 1050.00
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1640	\$820	\$ _____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2230	\$1115	\$ _____

☐ Applicant claims small entity status. See 37 CFR 1.27.

☐ A check including the amount of the fee is enclosed.

☒ Payment by credit card.

☐ The Director has already been authorized to charge fees in this application to a Deposit Account.

☒ The Director is hereby authorized to charge any additional fees which may be required, or credit any overpayment, to Deposit Account Number 18-1648.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

I am the

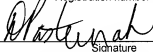
☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).

☒ attorney or agent of record. Registration Number 41,411

☐ attorney or agent under 37 CFR 1.34.

Registration number if acting under 37 CFR 1.34 _____


Signature

June 24, 2008

Date

Dahna S. Pasternak, Reg. No. 41,411

Typed or printed name

650-493-3400

Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.